

Receipt: 8321
Acct #: 892
City Of Elgin
180 N 8Th
PO Box 128
Elgin, OR 97827
541-437-2253

07/25/2017

Liquor Control Commission
Milwaukie, OR 97269 1-800-452-6522
License Renewal Application

Renewal is September 11, 2017.

General Receipt Customer

Elgin, OR 97827

District: 4	License: 245102	Premises: 28091	Code: 227
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Treasurers Receipt
Memo OLCC Renewal - Elgin Chevron
Shop N Go \$10.00

Licensee(s) BYRNES INVESTMENTS LLC

Liquor License Renewal Fee 10.00
Non Taxed Amt: 10.00
Total: 10.00
Chk: 4691 10.00
Ttl Tendered: 10.00
Change: 0.00

Tradenname ELGIN CHEVRON SHOP N GO
785 ALBANY ST
ELGIN OR 97827

Issued By: Lessa
07/25/2017 10:57:40

Phone Number:

Email:

Name	Offense	Date	City/State	Result
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NA

any law during the last 18 months even if they are not liquor related for any owner of the business. Attach additional sheet of paper to back of form if needed.

(3) Were there any changes of ownership (i.e.: add/drop partners, change to corporations, etc.) not reported to the OLCC in the last year?

☒ NO ☐ YES & EXPLAIN:

(4) Did you make any significant changes in operation during the past year that you have not reported to the OLCC, such as changes in menu, hours of operation, or remodeling?

☒ NO ☐ YES & EXPLAIN:

(5) Will you be holding beer or wine tastings at your location, other than those conducted by a manufacturer?

☒ NO ☐ YES

IMPORTANT: Failure to fully disclose any information requested, or providing false or misleading information on this form is grounds to refuse to renew the license. YOUR LICENSE EXPIRES ON 09/30/2017. If you do not renew before this date, you must stop selling or serving alcohol immediately. NO EXCEPTIONS! Selling or serving alcohol with an expired license is a crime.

Licensee(s): BYRNES INVESTMENTS LLC

License: 245102

Premises: 28091

Payment #1 to OLCC: <i>Make check or money order payable to OLCC. Do not mail cash. Send your application and payment to OLCC License Renewals; PO Box 22297; Milwaukie, OR 97269.</i>	Dollar Amount (\$)
If completed renewal application is postmarked by 09/11/2017 pay this amount.	\$100.00
If completed renewal application is postmarked after 09/11/2017 but on or before 09/30/2017 pay this amount.	\$125.00
If completed renewal application is postmarked after 09/30/2017 pay this amount.	\$140.00

Payment #2 to Local Government: <i>Make check or money order payable to City/County listed below if a fee is required. Do not mail cash.</i>	
Local government City of Elgin located at PO Box 128; Elgin, OR 97827 requires a \$10.00 processing fee. Send a copy of your completed application with this fee. Have you paid this processing fee? We will not process your application until this has been paid.	☒ YES

MANDATORY DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER

Federal and State laws require you to provide your Social Security Number to the Oregon Liquor Control Commission (OLCC) on the license renewal application. The OLCC will refuse a renewal if an applicant signing the renewal fails to provide his/her Social Security Number. The Social Security Number will be used only for Child Support Enforcement purposes, unless you authorize the use of your Social Security Number for the additional administrative purposes listed below (42 USC § 666(a)(13) & ORS 25.785).

SOCIAL SECURITY NUMBER AUTHORIZATION

The OLCC also asks for your authorization to use your Social Security Number(s) for additional administrative purposes, to make our application process more efficient and accurate. We use your Social Security Number to:

1. Help us keep accurate records about your identity because applicants often have the same last name and birth date.
2. Ensure your identity when we run a criminal background check through law enforcement agencies.
3. Match your license application to your Alcohol Server Education class and test score (applies only to applicants who are required by law to take and pass an alcohol server education program.)

Our authority to request this use is ORS 471.311 and OAR 845-005-0312(6). Please check the box next to your signature to authorize our use of your Social Security Number for the additional administrative purposes listed above. You will not be denied a right, benefit or privilege if you do not authorize the OLCC to use your Social Security Number for these additional administrative purposes (5 US § C 552(a)).

Signature Section: <i>Who must sign -- One member of an LLC. One officer of a corporation. One partner in a limited partnership. Each person if licensed as individuals.</i>						
Print Name	Social Security Number	Date of Birth	Sex M/F	Today's date	Signature	SSN Authorization
SAM BYRNES	540-72-6017	9-19-55	M	7-18-17	[Signature]	☐ NO ☒ YES
JIM BYRNES	540-86-1846	10-4-57	M	7-18-17	[Signature]	☐ NO ☒ YES
						☐ NO ☐ YES
						☐ NO ☐ YES
						☐ NO ☐ YES

